



**APPLICATION DATE**

**PLEASE CHECK TYPE OF PERMIT REQUESTED**

( ) RETAIL ( ) WHOLESALE ( ) PROCESSING PLANT ( ) VENDING TAG ( ) NON-PROFIT ( ) INSTITUTION

**PLEASE PRINT ALL INFORMATION CLEARLY**

CORPORATE NAME \_\_\_\_\_  
OFFICER/OWNER NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
TRADE NAME \_\_\_\_\_  
BUSINESS ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
BUSINESS TELEPHONE \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_  
OWNER'S HOME ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
MAILING ADDRESS (IF DIFFERENT THAN BUSINESS) \_\_\_\_\_

**REQUIRED FEES BASED ON PRIORITY ASSESSMENT:**

HIGH PRIORITY FACILITY .....	\$450.00	VENDING MACHINE.....	\$10.00
MODERATE PRIORITY FACILITY .....	\$350.00	TEMPORARY FOOD FACILITY.....	\$50.00
LOW PRIORITY FACILITY.....	\$185.00	PROCESSING PLANT.....	\$500.00
		CATERING PERMIT.....	\$550.00

**STATEMENT OF WORKMAN'S COMPENSATION INSURANCE**

MARYLAND HEALTH GENERAL CODE ANNOTATED SECTION 1-202 REQUIRES THAT BEFORE ANY LICENSE OR PERMIT BE ISSUED UNDER THE HEALTH-GENERAL ARTICLE TO AN EMPLOYER TO ENGAGE IN AN ACTIVITY IN WHICH THE EMPLOYEE MAY EMPLOY ANY INDIVIDUAL, THE EMPLOYER MUST FILE WITH THE ISSUING AUTHORITY A CERTIFICATE OF COMPLIANCE WITH THE STATE WORKMAN'S COMPENSATION LAWS INDICATING THE EMPLOYER'S WORKMAN'S COMPENSATION INSURANCE POLICY OR BINDER NUMBER.

CIRCLE THE NUMBER OF THE OPTION BELOW WHICH APPLIES TO YOU AND PROVIDE THE REQUESTED INFORMATION,

1. I HAVE WORKMAN'S COMPENSATION INSURANCE.  
INSURANCE COMPANY \_\_\_\_\_ POLICY OR BINDER NUMBER \_\_\_\_\_
2. A WAIVER HAS BEEN RECEIVED FROM THE WORKMAN'S COMPENSATION COMMISSION.  
(ATTACH COPY OF WAIVER)
3. AS PROVIDED BY THE MARYLAND ANNOTATED CODE ARTICLE 101, I AM EXEMPT FROM HAVING WORKMAN'S COMPENSATION INSURANCE.  
(ATTACH A COPY OF THE CERTIFICATE OF COMPLIANCE)
4. I AM SELF-INSURED. APPROVAL OF SELF-INSURANCE HAS BEEN RECEIVED FROM THE WORKMAN'S COMPENSATION COMMISSION.  
(ATTACH A COPY OF THE CERTIFICATE OF COMPLIANCE)

**BUSINESS CODE - PLEASE CIRCLE MOST APPROPRIATE ESTABLISHMENT TYPE**

11 RESTAURANT	18 FESTIVAL	26 WAREHOUSE	34 CORRECT. FACILITY	42 HOSPITAL
12 CARRYOUT	19 VENDING MACHINE	27 FOOD PROCESSING	35 DOMILIARY CARE	43 NUSING HOME
50 MARKET STALL	20 CONFECTIONARY	28 BAR / TAVERN	36 GR HOME - ALCOHOLISM	44 SCHOOL - PRIVATE
13 CATERER	21 DRUG STORE	29 LIQUOR STORE	37 GR HOME - DRUG	45 SCHOOL - PUBLIC
14 CHURCH KITCHEN	22 BAKERY	30 OTHER - NON INSTIT.	38 GR HOME - JUVENILE	46 SHELTER
15 SOUP KITCHEN	23 MOTOR VEHICLE	31 ADULT DAY CARE	39 GR HOME - M.H.	47 DAY CARE CTR
16 FOOD STAND	24 GROCERY STORE	32 CAMP	40 GR HOME - M.R.	48 OTHER INSTIT.
17 PUSH CART	25 SUPERMARKET	33 COLLEGE	41 GR HOME - OTHER	

FEE SUBMITTED WITH APPLICATION

\$

MAKE CHECK PAYABLE TO DIRECTOR OF FINANCE AND MAIL TO  
THE "BUREAU OF FOOD CONTROL, 210 GUILFORD AVE., 2<sup>ND</sup> FLOOR,  
BALTO., MD 21202"

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE AND TITLE OF APPLICANT: